## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 01, 2007 8:00 am **Secretary of State** DOCUMENT # F98000002138 03-01-2007 90016 046 \*\*\*158.75 TOORICUM LTD., INC. Principal Place of Business Mailing Address **605 EAST ROBINSON ST 605 EAST ROBINSON ST STE 400 STE 400** ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3495257 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 区 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHENOY, UDAY P Street Address (P.O. Box Number is Not Acceptable) 605 EAST ROBINSON STREET SUITE 400 ORLANDO, FL 32801 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent (NOTE Registered Agent signature required when reinstaing) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change PD Addition TITLE ☐ Delete BILLE ANSAR, ERIKA NAME NAME HALDENSTRASSE: 1, CH-8703 STREET ADDRESS STREET ADDRESS 7 DOWN STREET CITY-ST-ZIP LONDON, EN w1j7aj CITY-ST-ZIP ERLENBACH, SWITZERLAND HILE Delete TITLE SHENOY, UDAY P NAME NAME STREET ADDRESS 605 EAST ROBINSON STREET SUITE 400 STREET ADDRESS CITY - ST - ZIP ORLANDO, FL 32801 CITY-S1-ZIP TITLE Change ☐ Addition TITLE ☐ Defete WILL MOTT, HANAH NAME ANSAR, HANAH NAME HALDENSTRASSE: 1, CH - 8703 STREET ADDRESS 7 DOWN STREET STREET ADDRESS CITY-ST-ZIP LONDON, EN w1j7aj CITY-ST-ZIP ERLENBACH, SWITZERLAND ☐ Delete ☐ Addition TITLE TITLE RUSHD, ASAD A NAME 7 DOWN STREET STREET ADDRESS STREET ADDRESS LONDON, EN w1j7aj CITY-ST-ZIP CITY ST-7IP ☐ Defete Addition TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an atlachment with an address, with all other like empowered.

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ASAD · A · RUSHD, V, S SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fel 21, 2007

Daytime Phone #

**FILED**